

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

098141 40

		•	SMALL ENTITY			OTHER THAN							
T _T	TAL OLAIMO		(Column	1)	(Column 2)		1	TYPE		OR		ALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			S min	us 20=	• 35			X\$ 9=		OR	X\$18=	GZO	
INDEPENDENT CLAIMS			\ <u>\</u>	nus 3 =	*			X40=		ÓR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			olumn 2	1	TOTAL	,	OR	TOTAL	1340	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
_		(Column 1)	(Column 2			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	T OL ALM	=		X40=		OR	X80=		
<u></u>	PIRST PRESE	NIATION OF MI	JLIIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDI1. ; EE		
AMENDMENT B	ere ele- le-gales ins	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	F.C.LAUA	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	_					:	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Sign Street	HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	· · · · · · · · · · · · · · · · · · ·	OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT: FEE		
		ber Previously Pa					r fou	nd in the app	ropriate box	in co	lumn 1.		